

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>DB</i>	<i>10-28-00</i>	
O.I.P.E. CLASSIFIER		<i>10-28-00</i>	
FORMALITY REVIEW	<i>Wafale</i>	<i>TC 826</i>	<i>10/25/00</i>
RESPONSE FORMALITY REVIEW	<i>LH</i>	<i>60105</i>	<i>11-30-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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Claim	Date
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REST AVAILABLE COPY

If more than 150 claims or 10 actions  
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